Module 5: Illness and Injury
Lesson 5-1 Medical Emergencies

Objectives

Objectives Legend

C=Cognitive P=Psychomotor A=Affective

1 = Knowledge level
2 = Application level
3 = Problem-solving level

Cognitive Objectives

At the completion of this lesson, the CFR student will be able to:

5-1.1 Identify the patient who presents with a general medical complaint. (C-1)
5-1.2 Review the steps in providing emergency medical care to a patient with a general medical complaint. (C-1)
5-1.3 State the signs and symptoms of a patient with breathing difficulty. (C-1)
5-1.4 Describe the emergency medical care of the patient with breathing difficulty. (C-1)
5-1.5 Identify the patient who presents with a specific medical complaint of altered mental status. (C-1)
5-1.6 Review the steps in providing emergency medical care to a patient with an altered mental status. (C-1)
5-1.7 Identify the patient taking diabetic medications with an altered mental status and a history of diabetes.
5-1.8 State the steps in the emergency care of the patient taking diabetic medications with altered mental status and a history of diabetes.
5-1.9 List the signs and symptoms of a stroke.
5-1.10 Describe the emergency medical care of the patient with signs and symptoms of a stroke.
5-1.11 Identify the patient who presents with a specific medical complaint of seizures. (C-1)
5-1.12 Review the steps in providing emergency medical care to a patient with seizures.
5-1.13 Identify the patient who presents with a specific medical complaint of exposure to cold. (C-1)
5-1.14 Review the steps in providing emergency medical care to a patient with an exposure to cold. (C-1)
5-1.15 Identify the patient who presents with a specific medical complaint of exposure to heat. (C-1)
5-1.16 Review the steps in providing emergency medical care to a patient with an exposure to heat. (C-1)
5-1.17 Identify the patient who presents with a specific medical complaint of behavioral change. (C-1)
5-1.18 Review the steps in providing emergency medical care to a patient with a behavioral change. (C-1)

5-1.19 Identify the patient who presents with a specific complaint of a psychological crisis.
5-1.20 Review the steps in providing emergency medical care to a patient with a psychological crisis. (C-1)

Affective Objectives

At the completion of this lesson, the CFR student will be able to:

5-1.21 Attend to the feelings of the patient and/or family when dealing with the patient with a general medical complaint. (A-3)
5-1.22 Attend to the feelings of the patient and/or family when dealing with the patient with a specific medical complaint. (A-3)
5-1.23 Review the rationale for modifying your behavior toward the patient with a behavioral emergency. (A-3)
5-1.24 Demonstrate a caring attitude towards patients with a general medical complaint who request emergency medical services. (A-3)
5-1.25 Place the interests of the patient with a general medical complaint as the foremost consideration when making any and all patient care decisions.
5-1.26 Communicate with empathy to patients with a general medical complaint, as well as with family members and friends of the patient. (A-3)
5-1.27 Demonstrate a caring attitude towards patients with a specific medical complaint who request emergency medical services. (A-3)
5-1.28 Place the interests of the patient with a specific medical complaint as the foremost consideration when making any and all patient care decisions.
5-1.29 Communicate with empathy to patients with a specific medical complaint, as well as with family members and friends of the patient. (A-3)
5-1.30 Demonstrate a caring attitude towards patients with a behavioral problem who request emergency medical services. (A-3)
5-1.31 Place the interests of the patient with a behavioral problem as the foremost consideration when making any and all patient care decisions.
5-1.32 Communicate with empathy to patients with a behavioral problem, as well as with family members and friends of the patient. (A-3)

Psychomotor Objectives

At the completion of this lesson, the CFR student will be able to:

5-1.33 Review the steps in providing emergency medical care to a patient with a general medical complaint. (C-1)
5-1.34 Review the steps in providing emergency medical care to a patient with breathing difficulty. (C-1)
5-1.35 Review the steps in providing emergency medical care to a patient with an altered mental status. (C-1)
5-1.36 Review the steps in providing emergency medical care to a patient taking diabetic medications and has a history of diabetes.
5-1.37 Review the steps in providing emergency medical care to a patient with signs and symptoms of a stroke.

5-1.38 Review the steps in providing emergency medical care to a patient with seizures. (C-1)
5-1.39 Review the steps in providing emergency medical care to a patient with an exposure to cold. (C-1)
5-1.40 Review the steps in providing emergency medical care to a patient with an exposure to heat. (C-1)
5-1.41 Review the steps in providing emergency medical care to a patient with a behavioral change. (C-1)
5-1.42 Review the steps in providing emergency medical care to a patient with a psychological crisis. (C-1)

Preparation

Motivation:

Patients present with various medical conditions and complaints. Although some specific situations may require the CFR to intervene with specific skills most will be listed as a common medical complaint. The CFR must be prepared to provide appropriate emergency medical care to the various medical patients that they may encounter.

Prerequisites:

Preparatory, Airway, Patient Assessment, and Circulation Modules

Materials

AV Equipment:

Utilize various audio-visual materials relating to emergency medical care. The continuous development of new audio-visual materials relating to EMS, requires careful review to determine which best meet the needs of the program. Materials should be edited to ensure that the objectives of the curriculum are met.

EMS Equipment:

Personal protective equipment, hot and cold packs, and a space blanket.

Personnel

Primary Instructor:

One EMT-B Instructor, knowledgeable in medical emergencies.

Assistant Instructor:

The instructor-to-student ratio should be 1:6 for psychomotor skill practice. Individuals used as assistant instructors should be knowledgeable about altered mental status, seizures, and environmental injuries.

Recommended Minimum Time to Complete:

One hour

Presentation

Declarative (What)

I. General Medical Complaints
   - A. Patients may request emergency medical services for a variety of medical complaints.
   - B. The CFR should assess each patient to determine the patient's chief complaint as well as signs and symptoms present.
   - C. Emergency medical care is based on the patient's signs and symptoms.
   - D. Role of the CFR
     1. Complete a scene size-up before initiating emergency medical care.
     2. Complete an initial assessment on all patients.
     3. Complete a physical exam as needed.
     4. Complete ongoing assessments.
     5. Comfort, calm, and reassure the patient while awaiting additional EMS resources

II. Specific Medical Complaints
   - A. Breathing Difficulty
     1. Signs and Symptoms
        - a. Shortness of breath
        - b. Restlessness
        - c. Increased pulse rate
        - d. Increased breathing rate
        - e. Decreased breathing rate
        - f. Skin color changes
          - i. Cyanotic
          - ii. Pale
          - iii. Flushed
          - iv. Mottled
        - g. Noisy breathing
          - i. Crowing
          - ii. Wheezing
          - iii. Gurgling
          - iv. Snoring
          - v. Stridor
            - (1) A harsh sound heard during breathing
            - (2) Upper airway obstruction
        - h. Inability to speak due to breathing efforts
        - i. Retractions – use of accessory muscles
        - j. Shallow or slow breathing may lead to altered mental status (with fatigue or obstruction)
        - k. Abdominal breathing (diaphragm only)
        - l. Coughing
        - m. Irregular breathing rhythm

n. Patient position
   i. Tripod position
   ii. Sitting with feet dangling, leaning forward
o. Unusual anatomy (barrel chest)

2. Role of the CFR
   a. Complete a scene size-up before initiating emergency medical care.
   b. Complete an initial assessment on all patients.
   c. Assess patient for inadequate breathing
      i. Characteristics of inadequate breathing
         (1) Rate – outside of normal ranges
         (2) Inadequate chest wall motion
         (3) Cyanosis
         (4) Mental status changes
         (5) Increased effort
         (6) Gasping
         (7) Grunting
         (8) Slow heart rate associated with slow respirations
      ii. Adequate and inadequate artificial ventilation
         (1) A CFR is adequately artificially ventilating a patient when:
            (a) The chest rises and falls with each artificial ventilation.
            (b) The rate is sufficient, approximately 12 per minute for adults and 20 times per minute for children and infants.
            NOTE: Heart rate may return to normal with successful artificial ventilation.
         (2) Artificial ventilation is inadequate when:
            (a) The chest does not rise and fall with each artificial ventilation.
            (b) The rate is too slow or too fast.
            NOTE: Heart rate my not return to normal with artificial ventilation.
   d. Apply oxygen if not already done.
   e. Complete a physical exam as needed.
   f. Complete on-going assessments.
   g. Comfort, calm, and reassure the patient while awaiting additional EMS resources.
      i. Assure patency of the airway
      ii. Place patient in the position of comfort.

C. Altered mental status
   1. A sudden or gradual decrease in the patient's level of responsiveness and understanding, ranging from disorientation to unresponsive.

2. There are many reasons for patients having altered mental status
   a. Fever
   b. Infections
   c. Poisoning - including drugs and alcohol
   d. Low blood sugar
   e. Insulin reactions
   f. Head injury
   g. Decreased levels of oxygen in the brain
   h. Psychiatric conditions
3. Support the patient; do not worry about determining the cause of the altered mental status; maintain scene safety.
4. The length of the altered mental status may be brief or prolonged.
5. Role of the CFR
   a. Complete a scene size-up before initiating emergency medical care.
   b. Complete an initial assessment on all patients.
   c. Apply oxygen if not already done.
   c. Complete a physical exam as needed.
   d. Complete on-going assessments.
   e. Comfort, calm, and reassure the patient while awaiting additional EMS resources.
      (1) Assure patency of airway.
      (2) Place patient in the recovery position if no possibility of spine trauma.
      (3) Do not put anything in the patient's mouth
      (4) Have suction available
6. Relationship to airway management
   a. Often patients with altered mental status cannot protect their own airway; consider the use of airway adjuncts.
   b. The unresponsive patient should be placed in the recovery position.
   c. Suction should be readily available.

D. Altered mental status for a patient with a history of diabetes
1. Diabetes is caused by the body’s inability to process and use the type of sugar that is carried by the bloodstream.
2. Signs and symptoms associated with a patient with altered mental status and a history of diabetes.
   a. Intoxicated appearance, staggering, slurred speech to complete unresponsiveness
   b. Elevated heart rate
   c. Cold, clammy skin
   d. Hunger
   e. Seizures
   f. Insulin in refrigerator or other medications found at scene.
      (1) Diabinese™

(2) Orinase™
(3) Micronase™

3. Role of the CFR
   a. Complete a scene size-up before initiating emergency medical care.
   d. Complete an initial assessment on all patients.
   e. Apply oxygen if not already done.
   c. Complete a physical exam as needed.
   d. Complete on-going assessments.
   e. Comfort, calm, and reassure the patient while awaiting additional EMS resources.
      (1) Assure patency of airway.
      (2) Place patient in the recovery position if no possibility of spine trauma.
      (3) Do not put anything in the patient's mouth
      (4) Have suction available
4. Relationship to airway management
   a. Often patients with altered mental status cannot protect their own airway; consider the use of airway adjuncts.
   b. The unresponsive patient should be placed in the recovery position. The responsive patient should be placed in a position of comfort.
   c. Suction should be readily available.

E. Stroke (cerebrovascular accident) – A sudden interruption of blood flow to a portion of the brain that results in tissue death.
1. Signs and symptoms may include:
   a. Severe headache
   b. Lack of speech
   c. Difficulty swallowing
   d. Facial droop
   e. Paralysis / tingling sensation
   f. Incontinece
   g. Bounding pulse
   h. Altered mental status / unresponsive
2. Role of the CFR
   a. Complete a scene size-up before initiating emergency medical care.
   f. Complete an initial assessment on all patients.
   g. Apply oxygen if not already done.
   c. Complete a physical exam as needed.
   d. Complete on-going assessments.
   e. Comfort, calm, and reassure the patient while awaiting additional EMS resources.
      (1) Assure patency of airway.

(2) Place patient in the recovery position if no possibility of spine trauma.
(3) Do not put anything in the patient's mouth
(4) Have suction available

3. Relationship to airway management
   a. Often patients who have suffered a stroke cannot protect their own airway; consider the use of airway adjuncts.
   b. The unresponsive patient should be placed in a position of comfort or if unresponsive the recovery position.
   c. Suction should be readily available.

F. Seizures
1. A sudden attack, usually related to nervous system malfunction.
2. There are many types of seizures.
3. There are many causes of seizures.
   a. Chronic medical conditions
   b. Fever
   c. Infections
   d. Poisoning including drugs and alcohol
   e. Low blood sugar
   f. Head injury
   g. Decreased levels of oxygen
   h. Brain tumors
   i. Complications of pregnancy
   j. Unknown causes
4. Support the patient; do not worry about determining the cause of the seizure.
5. Some seizures produce violent muscle contractions called convulsions.
   a. Most patients are unresponsive and may vomit during the convulsion.
   b. Patients are typically tired and sleep following the attack.
6. Seizures are rarely life-threatening, but a serious emergency.
7. The length of the seizure may be brief (less than 5 minutes) or prolonged.
8. Role of the CFR
   a. Complete a scene size-up prior to initiating emergency medical care.
   b. Complete an initial assessment on all patients.
   c. Apply oxygen if not already done.
   c. Complete a physical exam as needed.
   d. Complete on-going assessments.
   e. Comfort, calm, and reassure the patient while awaiting additional EMS resources.
      (1) Protect the patient from the environment.

(2) Protect modesty - ask bystanders to leave the area
(3) Assure patency of airway.
(4) Place patient in the recovery position if no possibility of spine trauma.
(5) Never restrain the patient.
(6) Do not put anything in the patient's mouth.
(7) Have suction available.
(8) If the patient is bluish, assure the airway is patent and apply oxygen or artificially ventilate as needed.
(9) Report assessment findings to EMS.
(10) Observe and describe the seizure to EMS resources.
(a) The CFR may be the only witness to seizure.
(b) May be important in determining cause of seizure.

9. Relationship to airway management
a. Often seizure patients will have significant oral secretions.
b. It is essential that these patients be placed in the recovery position when the convulsions have ended.
c. Patients who are actively seizing, bluish, and breathing inadequately should be ventilated, if possible.
d. Suction oral secretions as needed.

G. Exposure to cold
1. Generalized cold emergency
a. Contributing factors
(1) Cold environment
(2) Age (very old/very young)
(3) Medical conditions
(4) Alcohol/drugs/poisons
b. Signs and symptoms of generalized hypothermia
(1) Obvious exposure
(2) Subtle exposure
(a) Underlying illness
(b) Overdose/poisoning
(c) Ambient temperature decreased (e.g., cool home of elderly patient)
(3) Cool/cold skin temperature
(a) Place the back of your hand between the clothing and the patient's abdomen to assess the general temperature of the patient.
(b) The patient experiencing a generalized cold emergency will present with cool or cold abdominal skin temperature.
(4) Shivering
(5) Decreasing mental status or motor function - correlates with the degree of hypothermia.

(a) Poor coordination
(b) Memory disturbances/confusion
(c) Reduced or loss of touch sensation
(d) Mood changes
(e) Less communicative
(f) Dizziness
(g) Speech difficulty

(6) Stiff or rigid posture
(7) Muscular rigidity
(8) Poor judgment - patient may actually remove clothing.
(9) Complaints of joint/muscle stiffness.

c. Role of the CFR

(1) Complete a scene size-up before initiating emergency medical care.
(2) Complete an initial assessment on all patients.
(3) Apply oxygen if not already done.
(3) Complete a physical exam as needed.
(4) Complete on-going assessments.
(5) Comfort, calm, and reassure the patient while awaiting additional EMS resources.

(a) Assess pulses for 30-45 seconds before starting CPR.
(b) Remove the patient from the cold environment.
(c) Protect the patient from further heat loss.
(d) Remove any wet clothing and cover the patient with a blanket.
(e) Handle the patient extremely gently.
(f) Do not allow the patient to walk or exert himself.
(g) The patient should not be given anything by mouth.

(i) Do not allow the patient to eat or drink stimulants.
(ii) Coffee, tea, or smoking may worsen the condition

(h) Do not massage extremities.
(i) Cover the patient with a blanket; keep the patient warm.

2. Local cold emergencies
   a. Freezing or near freezing of a body part
   b. Usually occurs in fingers, toes, face, ears, and nose.
   c. Signs and symptoms of local cold injuries
   d. Local injury with clear demarcation

(1) Early or superficial injury

(a) Blanching of the skin - palpation of the skin in which

normal color does not return.
(b) Loss of feeling and sensation in the injured area
(c) Skin remains soft.
(d) If re-warmed, tingling sensation

(2) Late or deep injury
(a) White, waxy skin
(b) Firm to frozen feeling upon palpation
(c) Swelling may be present.
(d) Blisters may be present.
(e) If thawed or partially thawed, the skin may appear flushed with areas of purple and blanching or may be mottled and cyanotic.

e. Role of the CFR
(1) Complete a scene size-up before initiating emergency medical care.
(2) Complete an initial assessment on all patients.
(3) Complete a physical exam as needed.
(4) Complete on-going assessments.
(5) Comfort, calm, and reassure the patient while awaiting additional EMS resources.
(a) Remove the patient from the environment.
(b) Protect the cold - injured extremity from further injury.
(c) Remove wet or restrictive clothing.
(d) If early or superficial injury
i) Manually stabilize the extremity.
ii) Cover the extremity.
iii) Do not rub or massage.
iv) Do not re-expose to the cold.
(e) If late or deep cold injury
i) Remove jewelry.
ii) Cover with dry clothing or dressings.
iii) **Do not**:
a) Break blisters
b) Rub or massage area
c) Apply heat
d) Re-warm
e) Allow the patient to walk on the affected extremity

H. Exposure to heat
1. Predisposing factors
a. Climate
(1) High ambient temperature reduces the body's ability to lose heat by radiation.
(2) High relative humidity reduces the body's ability to lose heat through evaporation.

b. Exercise and activity - can lose more than 1 liter of sweat per hour
c. Age (very old/very young)
d. Pre-existing illness and/or conditions
e. Drugs/medications

2. Signs and symptoms
   a. Muscular cramps
   b. Weakness or exhaustion
   c. Dizziness or faintness
   d. Rapid heart rate
   e. Altered mental status to unresponsive
3. Role of the CFR
   a. Complete a scene size-up before initiating emergency medical care.
   b. Complete an initial assessment on all patients.
   c. Apply oxygen if not already done.
   c. Complete a physical exam as needed.
   d. Complete on-going assessments.
   e. Comfort, calm, and reassure the patient while awaiting additional EMS resources.
      (1) Remove the patient from the hot environment and Place in a cool environment (air conditioned)
      (2) Cool patient by fanning, but may be ineffective in high humidity
      (3) Place in recovery position

I. Behavior
1. Behavior - manner in which a person acts or performs; any or all activities of a person, including physical and mental activity.
2. Behavioral emergency
   a. A situation where the patient exhibits abnormal behavior that is unacceptable or intolerable to the patient, family, or community.
   b. This behavior can be due to extremes of emotion leading to violence or other inappropriate behavior or due to a psychological or physical condition such as lack of oxygen or low blood sugar in diabetes.
3. Behavioral change
   a. General factors that may alter a patient's behavior have many causes.
   b. Common causes for behavior alteration
      (1) Situational stresses
      (2) Illness/injury
         (a) Low blood sugar
         (b) Lack of oxygen
         (c) Inadequate blood flow to the brain

(d) Head trauma
(e) Excessive cold
(f) Excessive heat
(3) Mind altering substances - alcohol and drugs
(4) Psychiatric problems
(5) Psychologic crisis
(a) Panic
(b) Agitation
(c) Bizarre thinking and behavior
(d) Danger to self - self destructive behavior, suicide
(e) Danger to others - threatening behavior, violence

4. Role of the CFR
   a. Complete a scene size-up before initiating emergency medical care.
   b. Complete an initial assessment on all patients.
   c. Complete a physical exam as needed.
   d. Complete on-going assessments.
   e. Comfort, calm, and reassure the patient while awaiting additional EMS resources.
      (1) Calm the patient - do not leave patient alone.
      (2) Consider need for law enforcement.
      (3) If overdose, give medications or drugs found to transporting EMS resources.
5. Principles for assessing behavioral emergency patients
   a. Identify yourself and let the person know you are there to help.
   b. Inform person of what you are doing.
   c. Ask questions in a calm, reassuring voice.
   d. Without being judgmental, allow the patient to tell what happened.
   e. Show you are listening by rephrasing or repeating part of what is said.
   f. Acknowledge the patient's feelings.
   g. Assess the patient's mental status.
      (1) Appearance
      (2) Activity
      (3) Speech
      (4) Orientation for time, person, and place
6. Assessment of potential violence
   a. Scene size-up
   b. History - check with family and bystanders to determine if the patient has a known history of aggression or combativeness.

c. Posture - stands or sits in a position which threatens self or others. May have fists clinched or lethal objects in hands.
d. Vocal activity - is yelling or verbally threatens harm to self or others.
e. Physical activity - moves toward caregiver, carries heavy or threatening objects, has quick irregular movements, muscles tense.

7. Methods to calm behavioral emergency patients
   a. Acknowledge that the person seems upset and restate that you are there to help.
   b. Inform the person of what you are doing.
   c. Ask questions in a calm, reassuring voice.
   d. Maintain a comfortable distance.
   e. Encourage the patient to state what is troubling him/her.
   f. Do not make quick moves.
   g. Respond honestly to patient's questions.
   h. Do not threaten, challenge, or argue with disturbed patients.
   i. Tell the truth; do not lie to the patient.
   j. Do not "play along" with visual or auditory disturbances of the patient.
   k. Involve trusted family members or friends.
   l. Be prepared to stay at scene for a long time. Always remain with the patient.
   m. Avoid unnecessary physical contact. Call additional help if needed.
   n. Use good eye contact.
8. Restraining patients
   a. Restraint should be avoided unless patient is a danger to self and others.
   b. When using restraints, have police present, if possible, and get approval from medical oversight.
   c. If restraints must be used, work in conjunction with the EMS providers.
   d. Avoiding unreasonable force
      (1) Reasonable force depends on what force is necessary to keep patient from injuring himself or others.
      (2) Reasonableness is determined by looking at all circumstances involved.
         (a) Patient's size and strength
         (b) Type of abnormal behavior
         (c) Sex of patient
         (d) Mental state of patient
         (e) Method of restraint

(3) Be aware that after a period of combativeness and aggression some apparently calm patients may cause unexpected and sudden injury to self and others.
(4) Avoid acts or physical force that may cause injury to the patient.
(5) EMS personnel may use reasonable force to defend against an attack by emotionally disturbed patients.
(6) Police and medical oversight involvement
  (a) Seek medical oversight when considering restraining a patient.
  (b) Ask for police assistance if during scene size-up the patient appears or acts aggressive or combative.
(7) Protection against false accusations
  (a) Documentation of abnormal behavior exhibited by the patient is very important.
  (b) Have witnesses in attendance especially during transport, if possible.
  (c) Accusing CFRs of sexual misconduct is common by emotionally disturbed patients - have help, same sex attendants, and third party witnesses.

9. Medical/legal considerations
  a. Emotionally disturbed patient who consents to care - legal problems greatly reduced.
  b. How to handle the patient who resists treatment
    (1) Emotionally disturbed patient will often resist treatment.
    (2) May threaten CFRs and others.
    (3) To provide care against patient's will, you must have a reasonable belief the patient would harm self or others.
    (4) If a threat to self or others, patient may be transported without consent after you contact medical oversight.
    (5) Usually law enforcement is required.

Application

Procedural (How)

1. Demonstrate the steps in providing emergency medical care to a patient with a general medical complaint.

2. Demonstrate the steps in providing emergency medical care to a patient with a breathing difficulty
2. Demonstrate the steps in providing emergency medical care to a patient with an altered mental status.
3. Demonstrate the steps in providing emergency medical care to a patient with seizures.
4. Demonstrate the steps in providing emergency medical care to a patient exposed to cold.
5. Demonstrate the steps in providing emergency medical care to a patient exposed to heat.
6. Demonstrate the steps in providing emergency medical care to a patient with a behavioral change.
7. Demonstrate the steps in providing emergency medical care to a patient with a psychological crisis.

Contextual (When, Where, Why)

The CFR will now be able to treat patients with general and specific medical complaints.

Student Activities

Auditory (Hearing)

1. The student should hear the instructor present the signs, symptoms, and management of patients with general medical complaints.
2. The student should hear the instructor present the signs, symptoms, and management of patients with breathing difficulty.
3. The student should hear the instructor present the signs, symptoms, and management of patients with altered mental status.
4. The student should hear the instructor present the signs, symptoms, and management of patients with seizures.
5. The student should hear the instructor present the signs, symptoms, and management of patients exposed to cold.
6. The student should hear the instructor present the signs, symptoms, and management of patients exposed to heat.
7. The student should hear the instructor present the signs, symptoms, and management of patients with behavior problems.

Visual (Seeing)

1. The students should see audio-visual material of patients with general medical complaints.
2. The students should see audio-visual material of patients with breathing difficulty.
3. The students should see audio-visual material of patients with an altered mental status.
4. The students should see audio-visual material of patients with seizures.

5. The students should see audio-visual material of patients exposed to cold.
6. The students should see audio-visual material of patients exposed to heat.
7. The students should see audio-visual material of patients with behavior problems.

Kinesthetic (Doing)

1. The students should role play emergency medical care of a patient with a general medical complaint.
2. The students should role play emergency medical care of a patient with breathing difficulty.
3. The students should role play emergency medical care of a patient with altered mental status.
4. The students should role play emergency medical care of a patient with a seizure.
5. The students should role play emergency medical care of a patient exposed to cold.
6. The students should role play emergency medical care of a patient exposed to heat.
7. The students should role play emergency medical care of a patient with behavior problems.

Instructor Activities

Facilitate discussion and supervise practice.
Reinforce student progress in cognitive, affective, and psychomotor domains.
Redirect students having difficulty with content. (Complete remediation form.)

Evaluation

Practical:

Evaluate the actions of the CFR students during role play, practice, or other skill stations to determine their compliance with the cognitive and affective objectives and their mastery of the psychomotor objectives of this lesson.

Written:

Develop evaluation instruments, e.g., quizzes, oral reviews, and handouts, to determine if the students have met the cognitive and affective objectives of this lesson.

Remediation

Identify students or groups of students who are having difficulty with this subject content. Complete remediation sheet from the instructor's course guide.

Enrichment

What is unique in the local area concerning this topic? Complete enrichment sheets from instructor's course guide and attach with lesson plan.